



Department of Public Health and Environment

Lowell Johnson  
Director

Sue Hedlund  
Deputy Director

## Swimming Pool Injury Report Form

Includes swimming pools, therapeutic pools, plunge pools, and spa pools

Type or print the following information:

Date: \_\_\_\_\_

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

If the street address is unknown, provide the distance and direction to the project from closest road intersection

City/Township \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Injured Person:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
(area code)

**Form Completed By:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
(area code)

**Injury Information**

Date and time of injury: \_\_\_\_\_

How and where did injury occur? \_\_\_\_\_

Describe injury: \_\_\_\_\_

**Medical Assistance Information**

First aid required: \_\_\_\_\_

Emergency Assistance required: \_\_\_\_\_

Hospital required: \_\_\_\_\_

Seen by doctor? \_\_\_\_\_

If injury occurred because of structural or layout problems at the pool, what were the problems and have they been corrected. \_\_\_\_\_

**4717.0775 Reporting.**

All pool incidents resulting in death or serious injury that require assistance from emergency medical personnel must be reported to the regulatory authority by the owner or the owner's agent by the end of the next working day.